## Safety Officer Type 2 Qualified (SOF2 Qualified)

Name:	Home Agency:
Requesting review by the Qualificat	ion Committee on:
SUBMIT THE FOLLOWING DOCUMENT	· · ·
<u>Training Certificates:</u>	
☐ ICS-400 Advanced ICS	
<ul><li>□ L-481 Advanced Leadership for Cor</li><li>OR</li><li>□ S-420 Command &amp; General Staff</li></ul>	nmand & General Staff
OP must occur on an extended attack	ational Periods as an SOF2(t). At least 7 of those Wildfire Incident. The remaining 3 OP could aging/Prepo, or Interview Assessment for Rare
☐ ICS-225 (Personnel Performance Ra	t 10 or more Operational Periods as SOF2(t)
Position Task Book: Completion and Co	ertification of the SOF2 Task Book
<ul> <li>SOF2 Cover Sheet</li> <li>Final Evaluator/Agency Certification</li> <li>Minimum of 3 task book evaluations</li> <li>Task book evaluations are signed by</li> </ul>	(submit all evaluations if more than 3)
(10 OP, 3 Inciden	nts, 2 Different Evaluators)
☐ Upload the required documents in IQS	or send by email to: <u>AzRedCards@dffm.az.gov</u>

Send an email to <a href="mailto:AzRedCards@dffm.az.gov">AzRedCards@dffm.az.gov</a> to have your name added to the agenda for the State Committee Meeting. The deadline is posted in the Local News section on the IQSweb login page. Attach your documents in IQS or email them with your request.